



WIC POLICY AND PROCEDURE MANUAL

Michigan Department of Community Health

Chapter/Section: Exh. 10.03C

Effective Date: 10/30/02

Issue Date: 10/30/02

10. PROGRAM COMPLIANCE

10.3 Employee Compliance

FINAL

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH WIC EMPLOYEE/AGENCY COMPLAINT INVESTIGATION REPORT

Employee Name:		ID#	Notes:		
Violation Type:	Complaint#	Clinic#			
Documents Reviewed		Check	Comments		
Signed Statement; Police Report					
Yellow Coupon Copies					
Copies of Actual Coupons Redeemed to State					
Employee File					
Mtrack Systems Report: Dual Participation					
Mtrack Systems Report: Unmatched Signatures					
Mtrack Systems Report: Void but Redeemed					
Interview with Employee/Agency					
Local Agency Report:					
Local Agency Report:					
Local Agency Report:					
Other:					
Other:					
Other:					
Other:					
Contacts:					
Violation Confirmed?		Yes No	Notice/Warning Letter Provided: In Person or Mailed		Date Mailed:
Sanction Imposed:		1st Violation	2nd Violation	3rd Violation	
Consultation Meeting Scheduled (Date):					Employee Present?: Yes No
Other Action					
Human Resources Action:					
Human Resources Action:					
Referral to State & Local Authorities					
Termination (from WIC Work)					Grievance Requested?: Yes
Investigation Costs	Coupon Values:	Staff Costs:	Postage Costs:	Copying Costs:	Total Costs:
Staff Signature:					Date:

*Attach additional documentation as necessary